

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1932

## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

34400

1. PLACE OF DEATH  
 92 County Saline Registration District No. 796  
 5 Township Washington Primary Registration District No. 3038  
 7 City Marshall Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Samuel Lawrence  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1863

7. AGE YEARS 69 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

FATHER  
 13. NAME Samuel Lawrence  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

MOTHER  
 15. MAIDEN NAME Underwood  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) George Lawrence  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brush Brook Cem DATE Oct 11 1932  
 19. UNDERTAKER (ADDRESS) Leguon Williams  
 20. FILED 10-20- 1932 A. C. Putnam Registrar.

### 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8- 1932

22. I, HEREBY CERTIFY, That I attended deceased from Oct 2 1932, to Oct 7 1932. I last saw him alive on Oct 7 1932. Death is said to have occurred on the date stated above, at 1:30 am.

The principal cause of death and related causes of importance were as follows:  
General peritonitis Date of onset 10/6/32  
121A  
121B / 121 = 1  
 Other contributory causes of importance:  
Intestinal appendicitis 10/6/32  
Abcess

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify no  
 (Signed) J. H. Curran M. D.  
 (Address) Marshall Mo.

